

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	30	minus 20 = * 10
INDEPENDENT CLAIMS	4	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE**  OR

**OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	180
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	370

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	=
Total	*	Minus	**		=
Independent	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	=
Total	*	Minus	**		=
Independent	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	=
Total	*	Minus	**		=
Independent	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
 It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: \_\_\_\_\_

### Total Fee Calculation

Fee Code	Total Filing Fee	Number of Claims	Fee	Total
Gen. Filing Fee	201.101			
Ind. Claim Fee	201.101	30	18	540
Independent Claim Fee	201.101	3	78	234
Multi-Dep. Claim Process	204.103			
Surcharge	201.101			130
English Translation	110			
<b>TOTAL FEE CALCULATION:</b>				<b>1080</b>

Fees due upon filing the application:

Total Filing Fees Due = \$ 1080

Less Filing Fees Submitted = \$ \_\_\_\_\_

**BALANCE DUE = \$ 1080**

*V. Town*

Office of Initial Patent Examination